IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Thomas St. James MAY 2 7 2005 Serial No.: 10/797,433 Filed: 03/10/2004 Art unit: 3676 Examiner: Barrett, Suzanne Lale Dino

Lock Protector

REPLY UNDER 37 CFR 1.116 EXPEDITED PROCEDURE

CERTIFICATE OF MAILING

Date of Deposit May 23, 2005

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Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

For:

In response to the Office Action mailed on February 28, 2005 regarding the aboveidentified patent application please amend the above-identified application and consider the remarks as follows:

AMENDMENTS TO THE SPECIFICATION begin on page 2 of this paper.

AMENDMENTS TO THE CLAIMS begin on page 3 of this paper.

AMENDMENTS TO THE DRAWINGS begin on page 11 of this paper and include four replacement drawing sheets attached to this paper following page 14.

REMARKS begin on page 12 of this paper.

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PTO/SB/21 (05-03)

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| 40EMP | | Application Number | 10/797,433 | | | | |
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Filing Date | March 10, 2004 | 1 | | | |
| | | First Named Inventor | Thomas St. James | | | | |
| | | Art Unit 3676 | | | | | |
| | | Examiner Name | Barrett, Suzanr | rett, Suzanne Lale Dino | | | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 0521-0001 | | | | |
| ENCLOSURES (Check all that apply) | | | | | | | |
| X Fee Attached X Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement | | Orawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Ferminal Disclaimer Request for Refund CD, Number of CD(s) | Ap of Ap (A) Property States | to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): | | | |
| Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 | -Retur | enclosed are the following: rn Postcard | | | | | |
| | URE O | F APPLICANT, ATTORNE | Y, OR AGEN | Γ | | | |
| Firm or Individual name Michael D. Zaternias (Signature May 23, 2005 CE I hereby certify that this correspondence is beisufficient postage as first class mail in an enverthe date shown below. | RTIFIC | ATE OF TRANSMISSION mile transmitted to the USPTO or dressed to: Commissioner for Pate | deposited with the | United S | States Postal Service with andria, VA 22313-1450 on | | |
| Typed or printed name Debra A. Howe | | | | | | | |
| Signature Debra | Date | May 23, 2005 | | | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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| Effective on 12/08/2004. | | L | Complete if Known | | | | |
|--|--------------------------------------|------------|-------------------------------|------------|----------------------------|--------------------------|--|
| 1 400 parsuant to the Consolidated Appropriations Act, 2000 (1).At. 4010). | | | Application Number | | 10/797,433 | | |
| FEE TRANSMITTAL | | | Filing Date | | March 10, 2004 | | |
| For FY 2005 | | | First Named Inventor | | Thomas St. James | | |
| Applicant claims small entity et | -t Con 27 CER 1 27 | <u>—[</u> | Examiner Name | | Barrett, Suzanne Lale Dino | | |
| Applicant claims small entity sta | atus. See 3/ CFK 1.2/ | <u> </u> | Art Unit 3676 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 300.00 | | | Attorney Docket No. 0521-0001 | | 0521-0001 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
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| under 37 CFR 1.16 an | nd 1.17 | | L 0.00. | • | erpayments | | |
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| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AN | | EES | | | | | |
| FILIN | NG FEES S Small Entity | | H FEES | EXA | MINATION FEES | | |
| Application Type Fee (\$ | | Fee (\$) | Small Entity Fee (\$) | Fee | Small Entity (\$) Fee (\$) | Fees Paid (\$) | |
| Utility 300 | 150 | 500 | 250 | 200 | | | |
| Design 200 | 100 | 100 | 50 | 130 | 0 65 | | |
| Plant 200 | 100 | 300 | 150 | 160 | 0 80 | | |
| Reissue 300 | 150 | 500 | 250 | 600 | 0 300 | | |
| Provisional 200 | 100 | 0 | 0 | (| 0 0 | | |
| 2. EXCESS CLAIM FEES Fee Description | Small Entity Fee (\$) | | | | | | |
| Each claim over 20 (including | | | | | 50 | 25 | |
| Each independent claim over Multiple dependent claims | S) | | | 200 360 | 100 180 | | |
| Total Claims Extra C | Claims Fee (\$) | Fee P | Paid (\$) | | | pendent Claims | |
| 37 - 20 or HP = 0 x = Fee (\$) | | | | | | Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. Indep. Claims | | | | | | | |
| 7 - 3 or HP = 3 x 100 = 300 | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = | | | | | | | |
| A OTHER EEE/S) | | | | | | Fees Paid (\$) | |
| , | Other (e.g., late filing surcharge): | | | | | | |

| SUBMITTED BY | | |
|---------------------------------------|--|------------------------|
| Signature Mult | Registration No. (Attorney/Agent) 54,564 | Telephone 312-236-8500 |
| Name (Print/Type) Michael D. Zaronias | | Date |

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